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|---|------------------------------|-----------------------|---|---------------------------------------|--|
| ATTORNEY WITH | First Named Inventor | | Mark Lesile Smythe | | |
| NEW POWER OF ATTORNEY | Art Unit | | Unknown | | |
| AND | AND Sympley Name | | | | |
| CHANGE OF CORRESPONDENCE ADDRESS | Attorney Docket | | known 4050.001 | 100 | |
| | | | | | |
| I hereby revoke all previous powers of attorney give | n in the above-id | entified applic | estion. | | |
| A Power of Attorney is submitted herewith. | | | | | |
| OR | - - - · · | | _ · - · | | |
| I hereby appoint the practitioners associated with | the Customer Nu | nber: | 00002768 | 13 | |
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| Country USA | | | | | |
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| I am the: | | | | | |
| | | | | | |
| Applicant/Inventor. | . OED 6 74 | | • • • • • • • | | |
| Assignee of record of the entire interest. See 3 Statement under 37 CFR 3.73(b) is enclosed. (i | | | | | |
| SIGNATURE of Applic | ant or Assignee | of Record | _ | | |
| Signature Douglas to te | The | Universit | ty of Quee | nsland | |
| Name Douglas Porter | | | | | |
| Date | Telephon | 1 - 1 | 7 3365 | | |
| NOTE: Signatures of all the inventors or sealigness of record of the unitire lines | rest or their representative | (p) are required. Su | brok mulliple forma | IL WOLF ZIEU DUS | |
| signature is required, spe below. | | | | | |
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|---|-----|------|---|----------------------------|--------------------|------------------------|--------------------------------------|------------------------|-------|
| Revocation of Powrard | | | | Mark Leslie | 09/787.840 | 36677.8 / | Auxillary for | | MUMUL |
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